

#### Application Information

Application Type:: Subject Matter::

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?

Title::

Attorney Docket Number::

Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity::

Petition included?::

Secrecy Order in Parent Appl.?::

# METH

None

ESTROGEN RECEPTOR BETA VARIANTS AND

METHODS OF DETECTION THEREOF

CL000280

Regular

Utility

No No 1 94

No No

No

### Applicant Information

Applicant Authority type:: Primary Citizenship Country:

Status::
Given Name::
Middle Name::
Family Name::

City of Residence::
State or Province of Residence::

Country of Residence:: Street of mailing address::

City of mailing address::

State or Province of mailing address: Postal or Zip Code

of mailing address:

Applicant Authority type:: Primary Citizenship Country:

Status::
Given Name::
Middle Name::
Family Name::

City of Residence:: State or Province of Residence::

Country of Residence:: Street of mailing address::

City of mailing address::

State or Province of mailing address: Postal or Zip Code of mailing address: Inventor

UY

Full Capacity

Francis

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MD US

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20850

Inventor

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Full Capacity

Michael J. CASSEL San Leandro

CA

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45 West Gude Drive

Rockville

MD

20850

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Stuart
Middle Name:: Soo-In
Family Name:: HWANG
City of Residence:: San Carlos

State or Province of Residence:: CA Country of Residence:: US

Street of mailing address:: c/o Celera Genomics
45 West Gude Drive

City of mailing address:: Rockville

State or Province

of mailing address:
Postal or Zip Code

of mailing address: 20850

Applicant Authority type:: Inventor
Primary Citizenship Country: US

Primary Citizenship Country: US
Status:: Full Capacity

Given Name:: Emily
Middle Name:: S.

Family Name:: WINN-DEEN
City of Residence:: Potomac

State or Province of Residence:: MD Country of Residence:: US

Street of mailing address:: c/o Celera Genomics
45 West Gude Drive

City of mailing address:: Rockville

State or Province of mailing address:

of mailing address: ME Postal or Zip Code

of mailing address: 20850

Correspondence Information

Correspondence
Customer Number:: 25748

Phone number:: 240-453-3067
Fax number:: 240-453-3084

E-mail address:: robert.millman@celera.com

Representative Information

Representative Customer Number::

Customer Number:: 25748

Domestic Priority Information

		Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/183,755	02/22/2000

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
			Yes

### Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province

of mailing address::

Country of mailing address:: US

Postal or Zip Code

of mailing address::

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